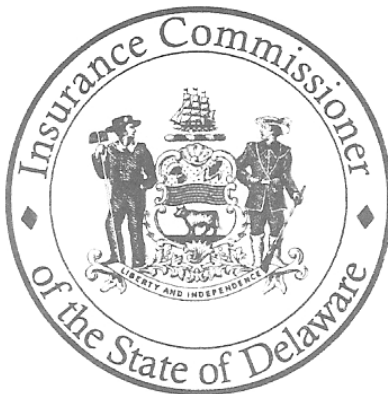


Matthew Denn  
Insurance Commissioner



Department of Insurance  
841 Silver Lake Blvd.  
Dover, DE 19904-2465  
(302) 674-7300  
(302) 739-5280 fax

**Application for Limited License  
for Sale of Insurance Related to Rental Vehicles  
FEE OF \$300.00 MUST BE SUBMITTED WITH THIS APPLICATION**

Please see reverse side for additional information regarding the application process.

This application must be completed in full (typewritten or printed in ink) and signed. You have the duty to provide correct answers to all questions in this application. This application may be denied if any answer is incorrect or incomplete. Business entity address should reflect corporate state of domicile.

**SECTION I**

**Check One**

☐ Initial Application

☐ Change of Name

☐ Reinstatement

\_\_\_\_\_  
LEGAL NAME

\_\_\_\_\_  
Incorporated in Delaware? ☐ Yes ☐ No

\_\_\_\_\_  
DOING BUSINESS AS NAME (DBA)

\_\_\_\_\_  
STREET ADDRESS AND P. O. BOX NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
FEDERAL I.D. NUMBER

☐ **CHANGE OF NAME FROM** \_\_\_\_\_

**Limited License Information for Rental Vehicles**

A limited licensee shall provide written notification within 30 days of any additional rental locations added after the license is in effect.

**Duration of Limited License and Renewal Procedures**

A limited license is perpetual and is subject to renewal under Title 18 Delaware Code, Chapter 20.

**Kinds of Insurance A Limited Licensee May Sell**

A limited licensee may act as a producer for an authorized insurer only in connection with rental vehicles and only with respect to the following kinds of insurance:

- (1) Personal accident insurance covering the risks of travel, including but not limited to accident and health insurance that provides coverage, as applicable, to renters and other rental vehicle occupants for accidental death or dismemberment and reimbursement for medical expenses resulting from an accident that occurs during the rental period;
- (2) Liability insurance which, at the exclusive option of the rental company, may include uninsured and underinsured motorist coverage whether offered separately or in combination with other liability insurance, that provides protection, as applicable, to renters and other authorized drivers of rental vehicles for liability arising from the operation of the rental vehicle;
- (3) Personal effects insurance that provides coverage, as applicable, to renters and other vehicle occupants for the loss of, or damage to, personal effects that occurs during the rental period;
- (4) Roadside assistance and emergency sickness protection programs; and
- (5) Any other travel or vehicle related coverage that a rental company offers in connection with and incidental to the rental of vehicles.

**Please read the following very carefully and answer every question:**

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_\_ No \_\_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_\_ No \_\_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

### Background Information

The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the State of Delaware and agree that service upon the Commissioner or Commissioner's designee is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Delaware and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Delaware to which I am applying for Rental Car Limited Producer License.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

**Must be signed by an officer, director, principal or partner of the business entity:**

I further certify that the Delaware Department of Insurance will be notified within 30 days of any change of address from that set forth in this application.

\_\_\_\_\_  
Month                  Day                  Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                  State                                  Zip

### Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Completed application.
2. List of rental locations.
3. Company Training Program that shall include training materials.
4. A written statement signed by an officer of the insurer that the insurer will appoint the rental company to act as the agent specifying the kinds of insurance authorized.
5. Application fee of \$300.00.